

Exhibit C
Final Determination

NOTICE OF CLAIMS ADMINISTRATOR'S FINAL DETERMINATION*In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401**1. Identifying Information****Date: August 6, 2003**

Debbie L. Baker
c/o Robert E. Ammons, Esquire
3700 Montrose
Houston, TX 77006

Claim Number:**2. Final Determination**

The Claims Administrator has previously reviewed your claim(s) for benefits under the Class Action Settlement Agreement in *In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation*, MDL No. 1401, and previously issued a Preliminary Determination of benefits. You have submitted supplemental information or documentation contesting that Preliminary Determination. The Claims Administrator has reviewed that supplemental information or documentation and now issues this Final Determination pursuant to Section 4.6(e) of the Settlement Agreement.

Below is a cumulative list of all Claim Forms that have been submitted and reviewed for this Final Determination letter.

Unrevised Affected Product Recipient Benefits (BLUE Form)

Form No.	Final Benefit Determination Date	Eligible	Complete and Timely Claim	Affected Product	Benefit Amount
18099	08/06/2003	N	N	Y	\$0.00

Affected Product Revision Surgery Benefits (ORANGE Form)

Form No.	Final Benefit Determination Date	GPO Elected	Eligible	Complete and Timely Claim	Affected Product	Revision Surgery	Absence of Trauma	Attorney Fee Benefit Amount	Benefit Amount
14959	08/06/2003	Y	N	N	Y	N	N	\$0.00	\$0.00

Extraordinary Injury Fund Benefits (GREEN Form)

Form No.	Final Benefit Determination Date	Eligible	Complete and Timely Claim	Valid Blue Form or Orange Form	Attorney Fee Benefit Amount	Benefit Amount
14961						Under Review

NOTICE OF CLAIMS ADMINISTRATOR'S FINAL DETERMINATION*In re: Sulzer Hip Prosthesis and Knee Prosthesis Product Liability Litigation, MDL No. 1401*

Payment Information:	Gross Benefit Amount:	\$0.00
	Less Settlement Amount(s) Previously Paid (if any)	
	Less Advance Amount(s) Paid by Sulzer (if any)	
	Less Additional Offsets (if any)	
	Net Benefit Amount to be Paid:	\$0.00

3. Notice Regarding Calculation of Contingent Fees For Contracts with Plaintiffs' Counsel

The United States District Court for the Northern District of Ohio has prescribed the method for calculating attorneys' contingent fees for certain contingent fee contracts between Class Members and Plaintiffs' Counsel consistent with Article 5 of the Settlement Agreement. The process is explained in the Court's Memorandum and Order dated April 2, 2003, a copy of which may be obtained at www.sulzerimplantsettlement.com, or by writing or calling the Claims Administrator at **P.O. Box 94558, Cleveland, Ohio 44101-4558, 1-800-683-1861**. To assist Class Members and Plaintiffs' Counsel, a Fee Calculator incorporating the Court's rules is available at www.sulzerimplantsettlement.com/feecalculator/.

4. Final Determination and Appeal Rights

You may appeal an award reported in this Final Determination by submitting a Notice of Appeal, within 30 days of the Final Benefit Determination Date for the award you wish to contest, to the United States District Court for the Northern District of Ohio and mailing a copy to the Claims Administrator at the addresses below. Your notice of appeal must comply with the terms of Section 4.6(f) of the Settlement Agreement and should state the reasons for your appeal. Such notice shall be written and be no more than ten (10) pages in length. The Claims Administrator shall have thirty (30) days to reply in writing. If you do not appeal this Final Determination, it is binding upon you and forever resolves your Claim for Settlement benefits. If you do not appeal this Final Determination, the Claims Administrator will direct an payment to you consistent with this Final Determination.

Court Address

Carl B. Stokes United States Court House
Attn: Sulzer Appeals/Judge O'Malley
801 West Superior Avenue
Cleveland, Ohio 44113-1830

Claims Administrator Address

Claims Administrator
P.O. Box 94558
Cleveland, Ohio 44101-4558

5. Contact Information

If you have any questions regarding this Final Determination, put them in writing to:
Claims Administrator, P.O. Box 94558, Cleveland, OH 44101-4558.

Remember to advise the Claims Administrator in writing if there are any changes in your name and/or mailing address.